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## BIB DATA SHEET

CONFIRMATION NO. 5804

<b>SERIAL NUMBER</b> 10/522,426	<b>FILING or 371(c) DATE</b> 03/25/2005 <b>RULE</b>	<b>CLASS</b> 514	<b>GROUP ART UNIT</b> 1654	<b>ATTORNEY DOCKET NO.</b> P/2107-264	
<b>APPLICANTS</b> Ferdinand Hermann Bahlmann, Hannover, GERMANY; Hermann Haller, Hannover, GERMANY; <b>** CONTINUING DATA *****</b> This application is a 371 of PCT/EP03/08229 07/25/2003 <b>** FOREIGN APPLICATIONS *****</b> GERMANY 102 34 192.3 07/26/2002 <b>** IF REQUIRED, FOREIGN FILING LICENSE GRANTED **</b>					
Foreign Priority claimed <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No 35 USC 119(a-d) conditions met <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No Verified and /THOMAS SWEENEY Acknowledged HEARD/ Examiner's Signature	<input type="checkbox"/> Met after Allowance TSH Initials	<b>STATE OR COUNTRY</b> GERMANY	<b>SHEETS DRAWINGS</b> 15	<b>TOTAL CLAIMS</b> 43	<b>INDEPENDENT CLAIMS</b> 14
<b>ADDRESS</b> OSTROLENK FABER GERB & SOFFEN 1180 AVENUE OF THE AMERICAS NEW YORK, NY 100368403					
<b>TITLE</b> Use of erythropoietin					
<b>FILING FEE RECEIVED</b> 5430	FEES: Authority has been given in Paper No. _____ to charge/credit DEPOSIT ACCOUNT No. _____ for following:		<input type="checkbox"/> All Fees <input type="checkbox"/> 1.16 Fees (Filing) <input type="checkbox"/> 1.17 Fees (Processing Ext. of time) <input type="checkbox"/> 1.18 Fees (Issue) <input type="checkbox"/> Other _____ <input type="checkbox"/> Credit		